

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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18						
19	1		1			
20	1	1		1		
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
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38	1		1			
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49						
50						
TOTAL IND.			1			
TOTAL DEP.	✓		16			
TOTAL CLAIMS	16	17	17			

	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS